MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

October 17, 2013

The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Community Health and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275



Agenda

- A. Welcome & Introductions
- B. Review & Approval of 09/19/2013 Meeting Minutes
- C. HIT/HIE Update
- D. Southeast Michigan Beacon Community Develop and Maintain the Strategic Plan
- E. Consent Management Increase Public Awareness
- F. HITC 2014 Planning Session
- G. HITC Next Steps
- H. Public Comment
- I. Adjourn



Welcome & Introductions

Commissioner Updates



HIT/HIE Update Meghan Vanderstelt, MDCH



2013 Goals – October Update



Governance

Development and Execution of Relevant Agreements

- Use Cases under evaluation: Submit Data to Active Care Relationship Service™(ACRS), ADT Transitions of Care Statewide Notification Service, Immunization – Query for History and Forecast (revised), SSA eligibility determination, VA Patient query, CMS esMD, EEP patient query, Cross QO patient query
- All critical HIPAA BAA Amendments returned to MiHIN
- Privacy White Paper draft completed; out for comment

Technology and Implementation Road Map Goals

- immunization Query pilots move to January
- successfully completed all onboarding testing with HealtheWay (MiHIN first to complete new test suite)
- filed patent application for MiDiGate™ Michigan Direct
 Gateway allows any use case transport via DIRECT

QO & VQO

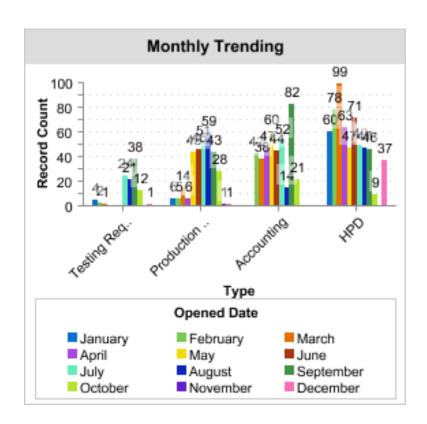
Data Sharing

- Electronic Clinical Quality Measures Pilot successful
- QOs reviewing Directed Integration SOWs (2 executed)
- Cross-QO information exchange pilot kicked-off: UPHIE/PCE will share via MiHIN Common Gateway

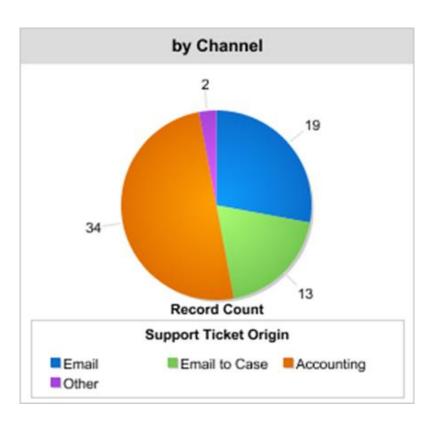
MiHIN Shared Services Utilization

- Beacon implemented shared HIE components from MiHIN
- SEMHIE evaluating shared HIE components from MiHIN
- UPHIE, PCE, Beacon: committed to Common Gateway
- East Tennessee Health Information Network (etHIN) has adopted MI Health Provider Directory

Tickets Created by Type



Open Tickets MTD



MiHIN Monday Metrics (M3) Report

							_	_																			
										Producti	ion messages si	nce May 8,	201	.2			as of:	10-07	/-13 fc	r wee	ek end	ling	10-05-13				
	prod.	sources	in prod.		QO	s QC	Os vQC	ŲOs −	vQOs				Use Case Agreement Status														
new last week	running	in prod. through MiHIN	through	in DOA	in A	in		in	in	Use Case Agreement	Category	Use Case Status	GLHIE	Ingenium	JCMR	мнс	SEMHIE	UPHIE	SEMBC	MDCH	BCBSM	I HAP	CareBridge (VQO)			MSMS (VQO)	Meridan Health (VQO)
96,435	1,688,522	2 291	79	218	4	2	2 1	1		Immunization Records Submit (VXU)	Public Health Reporting	ongoing	*FE	*NS	NS	*FE	NS	*FE	*FE	*FE	NA	NA	NA NA	NA	*FE		
0	57				2					Reportable Labs Submission (ELR)	Public Health Reporting	ongoing	FE	NS	NS	*FE	NS	FE	PR	*FE	NA	NA	NA NA	NA			
165,226	5,152,217				2		I				Care Coordination and Patient Safety	ongoing				*FE					*FE						
1,275	70,622				1		1	1		~	Care Coordination and Patient Safety	ongoing				*FE							*FE				
						2				Receive Syndromics	Public Health Reporting	In Pilot/Pending MSSS Approval	NS	NS	NS	NS	NS	*FE	NS	*FE							
												Approved by MOAC UCWG															
												Approved by MOAC UCWG															
										CMS Electronic Submission of Medical Documentation	Care Coordination and Patient Safety	ongoing															
											Care Coordination and Patient Safety	ongoing															
										ISSA disability determination	Care Coordination and Patient Safety	ongoing															
										Cross-QO Query	Patient Safety	ongoing															
											Care Coordination and Patient Safety	ongoing															
										VA Patient Ouerv	Care Coordination and Patient Safety	ongoing															
262,936	6,911,418	291	79	218	9	4	1 2	2	0	Totals														Le	gend		

Legend
Use Case Phase
Pilot MHIN In Production
Use Case Agreement Status
FE: Fully Executed
PR: Pending Review
NS: Not Signed
NA: Not Applicable
DEV QO's in Development
In Production
In DQA
QDSOA/vQDSOA Agreement Status
Signed
Panding



October 2013 Focus

Production Updates

 MPI/MCIR Real Time Integration project — The Real-Time integration of the MCIR (Immunization) system and the Master Person Index for Web-Based Person-Search is proceeding smoothly. Work has commenced on the next functional integration of the two systems for Web-Based Person-Add and Person-Update. The last element for Real-Time integration will be for all inbound HL7 messages from EHRs.

Technology

Development/Implementation

• **Provider Index** – The Infosphere Master Data Management (formerly known as Initiate) is being upgraded to version 10. Following the upgrade, work will commence on the development of the Provider Index. Similar to the Master Person Index, the provider index will allow MDCH to uniquely identify the health care providers and facilities.

Technology

Infrastructure Development

• MCIR Query Forecast/Query History — Anticipated production is on track for shortly after the new year 2014.

Meaningful Use

Registry Work

- **Cancer Registry** Providers are currently being recruited for testing the message content. Work continues on the Implementation Guide for providers.
- **Chronic Disease Registry** progress continues on the development of the Birth Defects message, the first message for inclusion in the registry.

2013 Goals

M-CEITA MICHIGAN CENTER FOR EFFECTIVE IT ADOPTION	Number of MI Providers	Average Number of Providers (Across RECs Nationwide)	% to Michigan Goal	Average % to Goal (across RECs Nationwide)
Milestone 1 Recruitment: Number of Eligible Providers enrolled into the M-CEITA program	3,724 (+)	2,177(+)	100% (+)	100 % (+)
Milestone 2 EHR Go-Live: Number of Providers that have gone live with an EHR within their organization	3,691	1,930	99%	89%
Milestone 3 Meaningful Use Attestation: Number of Providers that have attested for Meaningful Use 10/17/2013	2,122	1175	57%	54%



Current Participation Year (PY) Goals

	Reporting Status	Prior Number of Incentives Paid	Current Number of Incentives Paid	Current PY Goal Number of Incentive Payments	Current PY Medicaid Incentive Funding Expended
Eligible Provider (EPs)	AIU	1,160	1,168	1,289	\$23,750,442
	MU	535	544	586	\$4,213,182
Eligible Hospital (EHs)	AIU	6	12	20	\$5,000,000
	MU	8	17	43	\$8,455,482

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	2,521	\$141,326,468
MU	576	\$41,096,845

Key: AIU= Adopt, Implement or Upgrade MU= Meaningful Use



2013 Goals

Clinical Transformation (CT):

Plan, implement, evaluate EHR/HIT/HIE-enabled clinical interventions across health care delivery sites with an emphasis on care coordination.

Information/Technology Exchange:

Plan, implement, evaluate HIE deployment with an emphasis on care coordination toward quality improvement, better population health at lower cost.

Evaluation & Measurement:

Provide quarterly qualitative and quantitative data reporting to ONC for evaluation and measurement, and for PDSA cycles across interventions.

Communications & Outreach:

Brand Beacon through regular communications with key stakeholders.

Scalability, Sustainability & Research:

Develop financial sustainability model including plan for scalability. Pursue funding opportunities as appropriate.

- Activities include: 46 practice sites (36 min required), 117 PCPs, 17,783 diabetic patients (4000 min required), 180,252 total
 patients affiliated with Beacon practices for CT intervention engaged to date.
- Patient Health Navigator (PHN) penetration: 5,398 (2400 min required) patients referred, 2,329 engaged. 2013 Goal: 4500+ referred and 1900+ engaged.
- Emergency Department Initiative: 27,000+ patients screened to date; goal through 9/13 = 22,775.
- Continue to expand HIT/HIE-enabled CT beyond diabetic patient population and beyond current Beacon practices through BeaconLink2Health
- HIE OnBoarding: Build critical mass within BeaconLink2Health (BL2H) as defined. Quest Diagnostics integration completed, which is their first HIE integration in Michigan.
- Piloting EHR/HIE Integration with 23 practice sites/71 physicians which includes all FQHCs in Wayne County.
- CDR Data Reporting: Leveraging community-level XDS.b clinical data repository for data quality analysis and population health management (ongoing).
- Drive community toward the ONC 60% Meaningful Use goal.
- MiHIN pilots: MCIR pilots underway (ongoing). ADT and Reportable Lab Pilots (Q4)
- Privacy and Security: Ongoing OCR HIPAA Compliance/Risk Assessment Readiness. Staff training complete.
- A lengthy queue of POs (and one hospital) are awaiting onboarding to MCIR and/or the HIE.
- Work with Beacon central to begin leveraging BL2H for data pulls (Pull data out of HIE for Pilot Practices.) Comparison of proportions between practice reported and HIE reported data (as HIE data are made available)
- Finalize patient survey and navigator analyses.
- Development of SEMBC's final Beacon Community report.
- Publish Press Releases and e-Bulletins as needed.
- Ongoing support for the launch and deployment of BeaconLink2Health.
- Seven peer-review papers currently active.
- Implement scalability plan and sustainability strategies.
- Plan for future payment reform opportunities.
- Continue to identify and pursue funding opportunities.



State Health Information Exchange Program

The Office of the National Coordinator for Health Information Technology

Full List of State HIE Dashboard Figures Available at:

http://statehieresources.org/program-measures-dashboard/dashboard-list-of-figures/

Quarter 2 available online- waiting ONC update for accurate MI figures



October Updates

- Advisory Committee Reviewing Public Health Code
- State Innovations Grant (SIM)
- Cyber Security



Southeast Michigan Beacon Community (SEMBC)

Terrisca DesJardins, Director SEMBC



Southeast Michigan Beacon Community

Update For

State of Michigan

Health Information Technology Commission

Thursday October 17, 2013



Today's Presentation

- Background and update on the Southeast Michigan Beacon Community (SEMBC)
- Results to Date
- Updates on BeaconLink2Health and next steps toward sustainability



Beacon Community Aims

17 grantees each funded ~\$12-15M over 3+ yrs to:



Build and strengthen health IT infrastructure and exchange capabilities - positioning each community to pursue a new level of sustainable health care quality and efficiency over the coming years.



Improve cost, quality, and population health - translating investments in health IT in the short run to measureable improvements in the 3-part aim.



Test innovative approaches to performance measurement, technology integration, and care delivery - *accelerating evidence generation for new approaches*.



Top Level Accomplishments

- Established a transparent, accountable, community-based governance structure
 - Beacon Executive Board. Numerous, multi-stakeholder workgroups. Solid long-term relationship with ONC, CMS and State of MI.
- Established BeaconLink2Health, a community-based health information exchange that is recognized as having industry leading technology and capabilities
 - Participation of the entire safety net provider community, including all FQHCs in Detroit/Wayne County
 - Created a framework for growth by securing the active participation of four leading physician organizations that represent over 4,500 physicians, one large health system (and affiliates), labs and others. Currently over 102,000 lives in CDR and poised to grow to over 800,000 in immediate short term
 - Well-aligned for the future of health care: alignment with state, federal, and private entities
 - Recognized by MiHIN as a Qualified Data Sharing Organization
- Recruited and assisted 46 SEMBC-affiliated private practices and FQHCs to pursue IT (and then HIE)-enabled CT
 - 117 participating physicians. 180,558 total patients. 18,136 patients with diabetes
 - SEMBC-affiliated practices achieved 5 of 6 target clinical measures with at least a 5% improvement
- 5,300+ patients referred to PHN program; 2,300+ engaged. Significant documented improvements across measures tracked.
- Secured the active participation of three large-scale, high-volume emergency departments in our ED Diabetic Patient Identification intervention
 - Over 25,000 patients tested
 - Identified 7,560 previously unknown diabetics or pre-diabetics. Significant reduction of ED use (57%) identified.
- Established an evaluation and measurement process that was nationally recognized for its broad-based, comprehensive participation
- Nationally recognized txt4health program
 - Including the active participation of U.S. Surgeon General, Regina Benjamin, M.D.
- Hundreds of communications and dissemination activities and actions
 - Press releases, collateral, electronic marketing, videos, participation in webinars and local and national presentations, etc.
- Participation in 72 community outreach events
- Recipient of 2011 Innovations in Health Care Award for Excellence in Diabetes Prevention
 - Awarded by National Kidney Foundation of Michigan, Michigan Association of Health Plans, Michigan Health and Hospital Association, Michigan State Medical Society
- Numerous peer review papers promoting experiences and learnings
- Devised a plan to secure unprecedented in-kind support from vendor toward transition to longer-term sustainability



SEMBC Update

- Active SEMBC-related interventions that funded through the HHS/ONC concluded on September 30,2013
 - Clinical Transformation at 46 SEMBCaffiliated FQHCs and private practices
 - Patient Health Navigators
 - Amublatory and ED-related referrals
 - Emergency Department intervention
- BeaconLink2Health, SEMBC's health information exchange continues forward





HIT-Enabled Clinical Transformation: Target Goals and Measures

1 Achieve a 5% increase in five (5) high impact measures among patients with diabetes at SEMBC-affiliated practices. High impact measures include:

- A1c testing
- Level of control of diabetes
- LDL exams
- Eye exams
- Blood pressure control



IMPORTANT NOTE

Diabetes serves as a use case for our HIT-enabled interventions. Our processes, procedures, technologies, and methodologies are transferrable to other conditions and states' of health.



SEMBC Interventions



Physician data reporting and performance feedback

 Establish a network of physicians who are committed to process change and data exchange.



Clinical Decision Support

Targeted alerts, reminders, and decision support information.



Care Coordination – Ambulatory

Utilization of patient navigators to help patients adhere to treatment plans.



Care Coordination – Hospital Emergency Departments

 Partnerships with ED that helps identify, treat, and coordinate care of diabetic patients.



Patient Engagement

 Partnerships with community and faith-based organizations that extend the reach of SEMBC.



Telehealth

Use mobile and other messaging options to identify diabetes within the SEMBC.



Clinical Transformation Participation and Outreach





Key Participants/Activities

46 SEMBC-Affiliated Practice Sites

- FQHC 22
- Private Practice 24

117 SEMBC-Affiliated Physicians

- FQHC 68
- Private Practice 49
- 4 Emergency Departments
- 7 Patient Health Navigators



Patient Engagement

Ambulatory Care	Through 9/30/13
Total Patients: All Practices	180,252
Total Diabetic Patients	17,783
Patients Referred to Patient Health Navigator (PHN)	5,398
Patients Active with or Completed PHN Engagement	2,329







HIT-Enabled CT Milestones

Patient Health Navigator

- —Referrals concluded as of 9-13-13
- -Over 5,300 patients referred; 43% engaged
 - Ambulatory: over 2,300 referrals; 50% engaged
- —Statistically significant improvements in:
 - Medication adherence
 - Readiness to change in multiple categories (healthy food choices, being physically active, checking blood sugar, keeping appointments, etc.)
- —Sustainability post-Beacon funding
 - Two FQHC clinics hiring social worker and Certified Diabetic Educator to continue Navigator work in clinics



HIT-Enabled CT Milestones

Emergency Department Results

- Over 27,000 patients tested
- Prevalence of diabetes: 6,384 (23%)
- Prevalence of pre-diabetes: 1,935 (7%)
- Detroit Receiving Hospital: Six Month Pre/Post Change in ED Use
 - Study of 449 emergency department patients who were identified as having type 2 diabetes or being pre-diabetic
 - Among the 212 patients who engaged a Patient Health Navigator and/or patient educational offerings, there was a 57% decrease in visits to the emergency department
 - Among the 237 patients who did **not** engage a Patient Health Navigator or educational offerings, there was a 33% decrease in visits to the emergency department

Sustainability

- Detroit Receiving
 - Testing program to be sustained by DRH; navigator function will **not** be provided
- St. John-Mercy Primary Care Center
 - · Patient referral and navigation to continue post-Beacon funding
- Sinai Grace and Henry Ford
 - Testing program to be discontinued 9/30/13



HIT-Enabled CT Milestones

Diabetic Retinal Eye Exam Pilot

- Four clinics
 - 2 FQHC, 2 private practices
- Positive reaction from practices on improved patient compliance through point of care service
- Two practices interested in continuing point of care retinal imaging post-Beacon funding



Clinical Transformation at Beacon Clinics: High Impact Measures

Measure	Baseline	Target	Final	
A1c testing	27.3%	32.3%	34.1%	1 6.8%
LDL testing	22.4%	27.4%	27.8%	1 5.4%
Foot Exam	10.6%	15.6%	17.7%	1 7.1%
Blood Pressure <140/90	20.3%	25.3%	31.2%	10.9%
A1c value <8.0	10.2%	15.2%	26.8%	16.6%
*A1c value >9.0/unk	89.0%	84.0%	71.3%	17.7%
Eye Exam	19.8%	24.8%	19.9%	\iff

^{*}A1c >9 target 5% decrease



Recent News

August 21, 2013

Quest Announcement

Press Release

Contact: Scott Turske, 313-638-2885, sturske@semha.org

Southeast Michigan Beacon Community to Integrate Laboratory Tests from Quest
Diagnostics Into BeaconLink2Health Health Information Exchange

August 26, 2013

Detroit Receiving ED Testing Results

September 3, 2013
Clinical Transformation Results

September 9, 2013 PHN Survey

September 30, 2013
BL2H Expanded Service Offering/MiHIN

Press Release

Contact: Scott Turske, (o) 313-638-2885, (m) 248-892-3241, sturske@semha.org

Southeast Michigan Beacon Community and DMC Detroit Receiving Hospital Encouraged by 57% Drop in Emergency Department Usage

Press Release

Contact: Scott Turske, (o) 313-638-2885, (m) 248-892-3241, sturske@semha.org

Southeast Michigan Beacon Community Reports Positive Clinical Transformation Results

Press Release

Contact: Scott Turske, (o) 313-638-2885, (m) 248-892-3241, sturske@semha.org

Southeast Michigan Beacon Community Patient Health Navigators Deliver Dramatic Results Among Patients with Type 2 Diabetes

Press Release

Southeast Michigan Beacon Community Contact: Scott Turske, 313-638-2885; sturske@semha.org Michigan Health Information Network Shared Services Contact: KatyAnn Zimbelman, 517-336-5714; zimbelman@minin.org

Southeast Michigan Beacon Community and Michigan Health Information

Network to Cooperate on Expanded Service Offering



Peer Review Activity

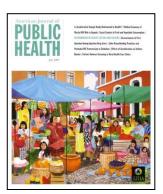
Peer Review Activity

- Txt4health collaborative writing to publish in the Journal of Internet Medical Research
- Txt4health results (SEMBC) parts 1 and 2 submitted to JMIR
- HIT-Enabled Care Management collaborative writing to publish in Population Health Management
- Data Governance and Usage collaborative writing submitted to Academy Health's E-GEMs
- HIT and Underserved Populations collaborative writing in progress
- PHN Evaluation to be submitted to American Public Health Journal















BeaconLink2Health Strategy

- Leverages existing HIE/HIT investments made in our community
- Allows for HIE/HIT platform independence and autonomy that enables interoperability, flexibility, and portability of data
- Develops and delivers care coordination tools necessary to pave the way to the future of healthcare and reform





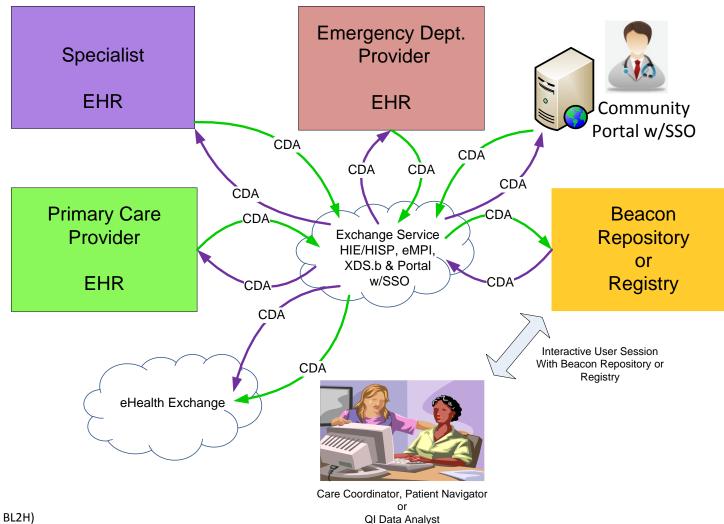


BeaconLink2Health Approaches

- Seamless EHR Integration w/Automatic Triggers
 - Encounter Save/Sign
 - Provide/Push Encounter-based CCD/CDA to Clinical Data Repository (CDR)
 - Patient Checks In
 - Query/Pull Longitudinal CCD/CDA from CDR
 - Initiates a query of MPI for Community Patient ID (PID)
 - Uses Community PID to query & retrieve longitudinal CCD
 - Data delivered is available in both human-readable (HTML) and machinereadable (XML) formats for semantic interoperability
- Web Services Query ("Blue Button")
 - Manual, but available in EHR workflow
 - Document delivered is in human-readable PDF format
- Community Record View Query
 - Requires provider/staff to login to BL2H community portal
 - Patient record query results are available in a web browser
 - Document delivered is in human-readable PDF format



BeaconLink2Health Connectivity and Data Exchange



-Problem/Condition -Medications -Immunizations

CDA Contents:-Patient Demographics

-Healthcare Providers

-Allergy/Drug Sensitivity

-Vital Signs

-Results

-Encounters

-Procedures

-Social History

-Plan of Care (provided by BL2H)

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Key Features: BeaconLink2Health



EHR INTEGRATION

Works with existing certified EHR system, databases, or paper-based technologies



CLINICAL DATA REPOSITORY

Collects and standardizes all available patient-related data from participants across a variety of care settings.



VISIT PLANNER

Point of care reference for an individual patient's set of conditions and measures. Provides a plan of care using evidence-based care gaps & alerts at community level.



AUTOMATED SHARING OF INFOMATION

Improves process and workflow, while reducing HIT silos; guards against duplicate data entry and tests.



POPULATION HEALTH MANAGEMENT TOOLS

Evidence-based analytics and reporting on quality improvement, outcomes and provider performance. Reports that satisfy the auditing and clinical quality requirements of a number of payer incentive models.



PRIVACY AND SECURITY

HIPAA-secure community-based HIE safeguards patient data including PHI; securely share clinical information with other providers



BeaconLink2Health Infrastructure Goals and Standards

- BL2H supports Integrating the Healthcare Enterprise (IHE) standards
 - IHE Compliant Data/File Specification Standards
 - Continuity of Care Document (CCD)
 - C83 version of CCD created by ONC Beacon EHR Affinity Group
 - Comprehensive Clinical Document Architecture (C-CDA)
 - Enhanced version of the C83-based CCD
 - Meaningful Use Stage 2 Requirement
 - IHE Compliant Interoperability Standards
 - Cross-Community Document Sharing (XDS.b)
 - XDS.b Provide & Register Transport
 - XDS.b Query & Retrieve Transport
 - XDS.b Registry & Clinical Data Repository (CDR)
 - Patient Identifier Cross-Referencing (PIX)/Patient Demographics Query (PDQ)
 - Direct[™] Project (TBD)

Note: Since we implemented a query-based exchange, we are still evaluating our own implementation of Direct™. Will likely use Direct as a destination for CDA exchange (e.g. BeaconCDR@direct)



HIE Assets and Milestones

Completed: HIE Framework and CDR Community Asset

Community Data Repository-102,000+ consolidated lives

AdaptaMed

Quest

Allscript

Success EHS

Detroit Medical Center

DocSite

eClinicalWorks

Electronic Services Technology

Wayne State University Physician Group

Integration Completed/Identifying Use Case

Greenway

JVHL

MiHIN ADT Transition of Care

Oakland Southfield Physicians, PC

Wellcentive

In Progress Integrations/Assets

Office Practicum

Practice Fusion

Priority Health



Recent Expanding Offerings



Quest Diagnostics

Clinical laboratory test results from Quest Diagnostics now accessible through participating physicians' EHR system.



JVHL

Working with JVHL to integrate Clinical laboratory test results.



Michigan Health Information Network Shared Services (MiHIN)

Expanded offerings including Michigan Public Health Reporting including Michigan Care Improvement Registry (MCIR) in production July 8, 2013), Michigan Disease Surveillance System (MDSS), and the Michigan Syndromic Surveillance System (MSSS); Admit/Discharge/Transfer Notifications (ADTs), and DIRECT Technology.



Strategy for Next Steps

- Strategy for Sustainability
 - —Operational and Financial plan
- ONC links and support vendor relationships, strategic planning, facilitating funding opportunities, and shared learning
- Governance



Beacon – the Next Stage

Flexible Governance

- Composition of the board
- At transitions points, membership transition is expected
 - The vision may not match original membership
 - New members contributing to the organization desire a voice
 - Broad, community based and inclusive membership
- Transition Work
 - Transition from a single grant funded project to a mix of public/private partnership
 - Activities may include HIE and practice transformation
 - Transition period through 12/31/13 when SEMHA's financial relationship with ONC ends
 - Intense financial/operational planning to support the transition (new grants, new private partners, staffing needs, etc.)
 - Incorporate best practices around HIE governance
 - Current board engaged in transition planning
 - Small workgroup for transition planning



Thank You

CONTACT

Terrisca Des Jardins

Director

Southeast Michigan Beacon Community

P: 313-638-2156

E: tdesjardins@semha.org

sembc.org

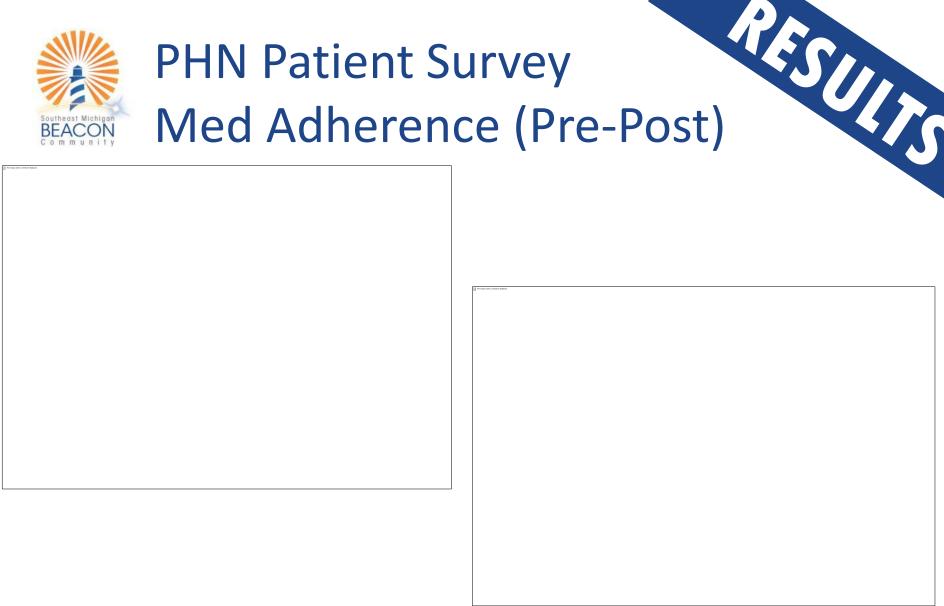


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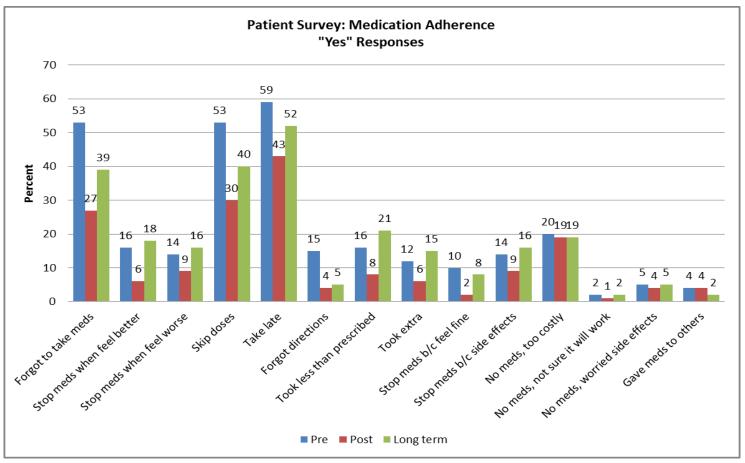
PHN Patient Survey Med Adherence (Pre-Post)



Persistence: no statistically significant differences noted among measures comparing pre to long term post.



PHN Patient Survey Med Adherence (Pre-Post)

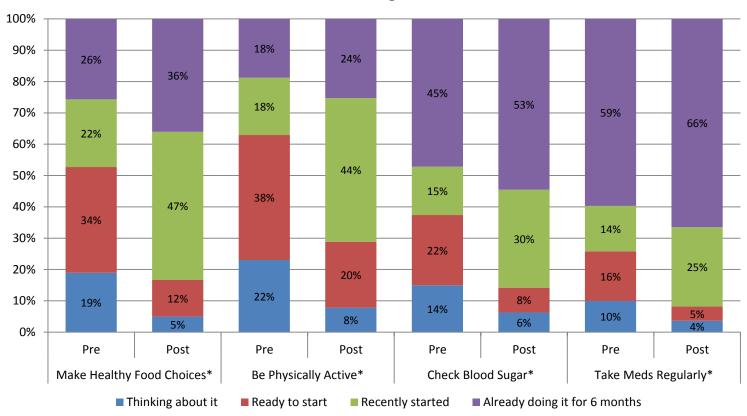


Overall prevalence of "yes" responses



PHN Patient Survey Readiness to Change (Pre-Post)

Readiness to Change Distributions

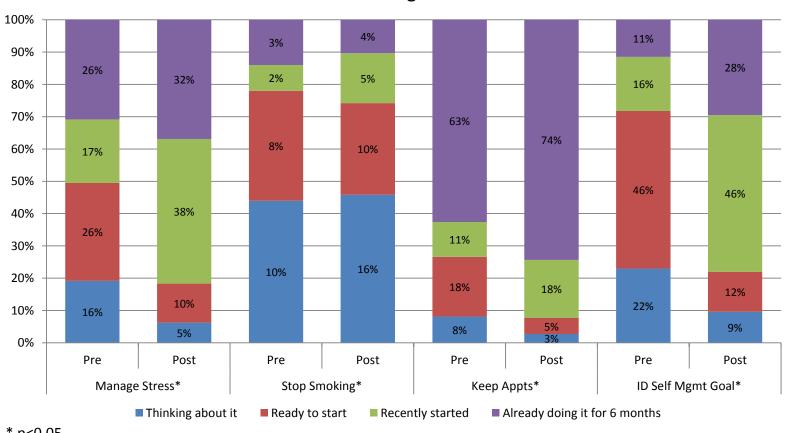


^{*} p<0.05



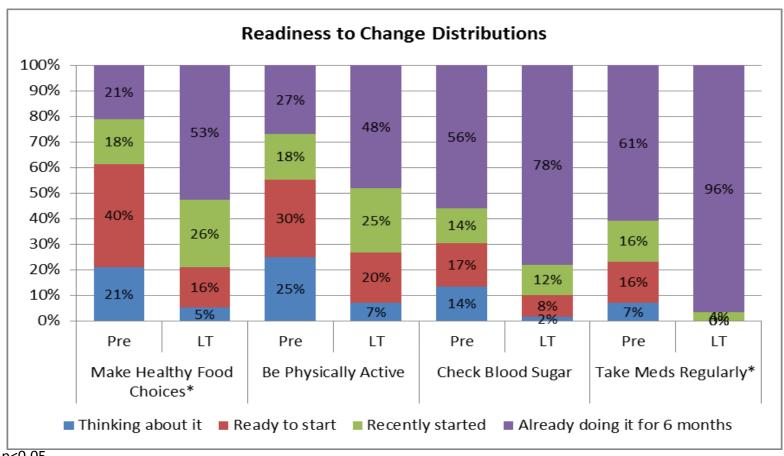
PHN Patient Survey Readiness to Change (Pre-Post)

Readiness to Change Distributions





PHN Patient Survey Readiness to Change (Pre-Long Term)

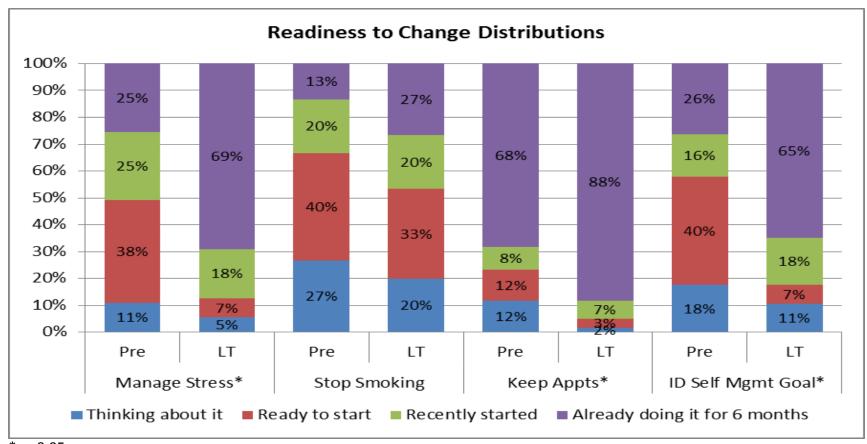


* p<0.05

Note: variation in "pre" estimates due to matched analysis design



PHN Patient Survey Readiness to Change (Pre-Long Term)



* p<0.05

Note: variation in "pre" estimates due to matched analysis design



Final Results

Non-Diagnosed Diabetics and Pre-Diabetics







	2/1/12 – 9/30/13		7/2/12-8/31/13		11/25/12 - 9/30/13	
# Patients Tested	14,912		9,666		2,744	
Pre-Diabetic (A1c 5.7-6.4)	3,994	27%	1,521	16%	850	31%
Diabetic (A1c > 6.5)	1,224	8%	563	6%	141	5%
PHN referrals from diabetic population	907**	74%	385*	18%	810***	

^{*} Pre-diabetic and diabetic patients referred to PHN

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^{**}Referrals from diabetics patients only

^{***}Sinai Grace does not test known diabetics but those patients are referred to PHN services.

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Update on Consent Management

MOAC Privacy Workgroup



Privacy issue for fast-track consideration by HIT Commission: Proposed Standard Consent

Prepared by

MiHIN Operations Advisory Committee (MOAC)

Privacy Working Group

October 2013





Objectives

As presented at prior HIT Commission meetings:

- Develop standard for scope and type of <u>shareable</u> <u>mental health</u>, <u>substance abuse treatment</u> <u>information</u>
- Create <u>standard consent language</u> for exchange of Behavioral Health Information
- Support the effort to develop and pilot <u>use cases for</u> <u>sharing Behavioral Health Information (BHI)</u>



Consent Form Progress

- Further reviews & comments from additional parties
 - HIT Commissioners [thank you!]
 - Michigan HIMSS
 - Health Care Section of the Michigan Bar Association
 - Other Michigan stakeholders
- Coordinating with Judge Curtis Bell and the Diversions effort (need to convene both groups) & Dr. Bernie Han
- Major influencing factors on our progress:
 - Existence of two proposed standard consent forms
 - Advance of Judge Bell's proposed legislation





Judge Bell's proposed legislative amendment

Page 1

A bill to amend 1974 PA 258, entitled

"Mental health code,"

(MCL 330.1001 to 330.2106) by adding section 141a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 SEC. 141A. (1) ON OR BEFORE JANUARY 1, 2014, THE DEPARTMENT
- 2 SHALL DEVELOP A STANDARD RELEASE FORM FOR EXCHANGING CONFIDENTIAL
- MENTAL HEALTH INFORMATION FOR USE BY ALL PUBLIC AND PRIVATE
- 4 AGENCIES, DEPARTMENTS, CORPORATIONS, OR INDIVIDUALS. ALL PARTIES
- 5 DESCRIBED IN THIS SUBSECTION SHALL HONOR AND ACCEPT THE STANDARD
- 6 RELEASE FORM CREATED BY THE DEPARTMENT UNDER THIS SECTION FOR THE
- 7 PURPOSE FOR WHICH IT WAS CREATED.
- 8 (2) BEGINNING ON THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT
- 9 ADDED THIS SECTION, THE DEPARTMENT SHALL CREATE A WORKGROUP TO
- 10 IMPLEMENT THE PROVISIONS OF THIS SECTION.



Judge Bell's proposed legislative amendment

Page 2

- 1 (3) THE WORKGROUP CREATED IN SUBSECTION (2) SHALL MEET
- 2 PERIODICALLY, AS THE DEPARTMENT CONSIDERS NECESSARY, BUT NOT LESS
- 3 THAN ONCE A YEAR.
- 4 (4) IN DEVELOPING THE STANDARD RELEASE FORM UNDER SUBSECTION
- 5 (1), THE DEPARTMENT SHALL CONSIDER ALL OF THE FOLLOWING:
- 6 (A) EXISTING AND POTENTIAL TECHNOLOGIES THAT COULD BE USED TO
- 7 SECURELY TRANSMIT A STANDARD RELEASE FORM.
- 8 (B) THE NATIONAL STANDARDS PERTAINING TO ELECTRONIC RELEASE OF
- 9 CONFIDENTIAL INFORMATION, INCLUDING PROTECTING A PATIENT'S IDENTITY
- 10 AND PRIVACY IN ACCORDANCE WITH THE HEALTH INSURANCE PORTABILITY AND
- 11 ACCOUNTABILITY ACT OF 1996, PUBLIC LAW 104-191.
- 12 (C) ANY PRIOR RELEASE FORMS AND METHODOLOGIES USED IN THIS
- 13 STATE.
- 14 (D) ANY PRIOR RELEASE FORMS AND METHODOLOGIES DEVELOPED BY
- 15 FEDERAL AGENCIES.
- 16 (5) THE STANDARD RELEASE FORM SHALL BE AVAILABLE IN BOTH
- 17 ELECTRONIC AND PAPER FORM.
- 18 (6) ANY TRANSMISSION OF A STANDARD RELEASE FORM VIA ELECTRONIC
- 19 MEDIA SHALL BE ACCEPTED AS AN ORIGINAL BY THE PARTY RECEIVING THE
- 20 STANDARD RELEASE FORM.



Some Differences in Proposed Forms

- The MOAC Privacy Working Group form is:
 - structured to share all information once consent is obtained
 - designed primarily by CIOs, vendors, SMEs, and attorneys
- The Diversions group form:
 - has discrete categories of information that can (or cannot) be

shared:	SPECIFIC INFORMATION TO BE RELEASED (Must be completed):				
	Yes No Assessment(s)				
	All []; General Health []; Mental Health []; Substance Abuse []				
	Yes No History & Physical Information				
	Yes No Operative Reports				
	Yes No Emergency Room Reports				
	Yes No Laboratory Reports				
	Yes No X-Ray Films and/or Radiology Reports				
	Yes No Consultations				

• is slightly more "plain English" for different reading levels



Reviewing Organizations

- Bay/Arenac Behavioral Health Authority
- Beacon
- Blue Cross Blue Shield of Michigan
- Carebridge
- Clinton- Eaton-Ingham Community Mental Health Authority
- Detroit Wayne Community Mental Health Authority
- Dickinson-Wright
- Great Lakes Health Information Exchange
- Ingenium
- Jackson Community Medical Record
- Kalamazoo Community Mental Health & Substance Abuse and Services
- Macomb County Community Mental Health Agency
- Michigan Department of Community Health
- Michigan Health & Hospital Association
- Michigan Health Connect
- Michigan Health Information Technology Commission

- MI-HIMSS
- Michigan Mental Health Diversion Council
- Michigan State Medical Society
- Netsmart
- Oakland County Community Mental Health Authority
- PCE Systems
- Provider Alliance of the Michigan Association of Community Mental Health Boards
- Southeast Michigan Health Information Exchange
- State Bar of Michigan Health Care Section
- State of Michigan
- Summit Pointe
- The Standards Group/CIO forum
- Upper Peninsula Health Information Exchange
- Venture Behavioral Health
- Washtenaw Community Mental Health Authority



Recommendations

- The MOAC Privacy Working Group recommends:
 - Form a combined working group comprised of key individuals that have contributed to the development of both consent forms with the assignment of converging the forms into one form to be submitted to DCH <u>regardless of whether legislation is enacted.</u>
 - Insure that the Director of DCH is fully apprised and informed:
 - the pending legislation and the status quo of the legislation
 - two forms exist from parallel efforts
 - representatives from both efforts are communicating
 - both groups strongly desire to work together



Questions





<u>Presenter</u>

Bill Riley

Chief Information Officer at Oakland County CMH and Oakland Integrated Health Network (FQHC)



Maintaining the Privacy of Health Information in Michigan's Electronic Health Information Exchange Network

Draft Privacy Whitepaper

Prepared by

MiHIN Operations Advisory Committee (MOAC)

Privacy Working Group

October 2013





Objectives of Draft White Paper

- Address the widely held concerns regarding privacy in HIE
- Identify privacy issues and make recommendations
- Highlight that we cannot have privacy without security
 - Both must be considered in the context of establishing public trust and confidence in the protection of health information
- Address the impact that privacy laws have on HIE operations
- Help enable electronic health information exchange to improve health care: better care, more affordable care, healthier people and communities





What, Whose, and How Privacy vs. Security

 Privacy of health information focuses on the "what" and "whose" information is protected and the right of an individual to control the use of his or her information

 Security of health information focuses on "how" that information is protected





Federal laws, rules and regulations

(1 of 2)

- The HIPAA Privacy Rule establishes a baseline of national privacy standards solely with respect to Protected Health Information
 - Business Associates have direct liability under HIPAA for uses and disclosures of Protected Health Information (PHI).
 - Notice of Privacy Practices must provide their HIPAA-compliant
 Notice of Privacy Practices describing how the Covered Entity may use
 and disclose their PHI, the individuals' rights with respect to that
 information, as well as the Covered Entity's obligations to protect the
 information.
 - Patient Authorizations must be obtained from an individual for any use or disclosure of PHI that is <u>not</u> for "treatment, payment or health care operations" or otherwise permitted or required by the HIPAA Privacy Rule. Additionally, must obtain an individual's written authorization to use and disclose psychotherapy notes for treatment, payment and health care operations, with limited exceptions.





Federal laws, rules and regulations

(2 of 2)

- Family Educational Rights & Privacy Act, at 20 U.S.C. § 1232g, protects the privacy of information maintained in student education records, which includes student health records.
- Confidentiality of Alcohol and Drug Abuse Patient Records statute, section 543 of the Public Health Service Act, 42 U.S.C. 290dd-2, and its implementing regulation, 42 CFR Part 2, imposes special restrictions upon the disclosure and use of alcohol and drug abuse patient records which are maintained in connection with the performance of any federally assisted alcohol and drug abuse program.
- Clinical Laboratory Improvement Amendments, at 42 CFR § 493.1291(f), prohibits the disclosure of laboratory test results except to authorized persons, and if applicable the individual responsible for using the test results and the laboratory that initially requested the test.





Michigan laws

(1 of 2)

- Michigan Mental Health Code, at MCLA §§ 333.1748 and 333.1748a, sets forth very limited circumstances under which mental health records may be disclosed without consent.
- Michigan Public Health Code, at MCL § 333.5131, 5114a, specifically requires that all reports, records and data pertaining to testing, care, treatment, reporting and research, and information pertaining to partner notification, that are associated with the serious communicable diseases or infections of HIV and acquired immunodeficiency syndrome be kept confidential, and may be disclosed only in very limited situations.



Michigan laws

(2 of 2)

- Michigan Public Health Code, at MCL § 333.2835, requires that reports of abortions be kept confidential, permitting disclosure in very limited circumstances.
- Michigan Medical Records Access Act, at MCL § 333.26263, provides that in the event a minor lawfully obtained healthcare without the consent or notification of a parent, guardian or other person acting in loco parentis, the minor has the exclusive right to exercise the rights of a patient with respect to medical records relating to that care.



Opportunity for Precipitous Action

 This Privacy White Paper outlines highlevel privacy issues and recommendations from national, regional, and state experts for the advancement of HIT and HIE in Michigan



Privacy Awareness & Education Areas

 The Privacy White Paper will make recommendations to support the awareness of the HIEs and their Participants engaged in the exchange of PHI and other protected information as it relates to all implicated privacy laws and regulations, and the adoption of policies and procedures to ensure compliance with those laws and regulations.



Risk Identification and Management

 The Privacy White Paper will make recommendations to support HIEs and Participants and their need to understand their own risks, responsibilities and proscribed actions, as well the reassurance that the other Participants will act as expected in the event of a privacy event (unauthorized disclosure).



Patient Consent and Authorization

- Consent management is fundamental to the exchange of PHI and other protected information in the HIE environment.
- HIEs, Participants, and the public must have confidence that required consents and authorizations have been obtained for all health information transmitted through the HIE.
- The Privacy White Paper will make recommendations to support the development and implementation of an effective and efficient consent management HIE system which requires substantial support from all HIE stakeholders.



Reviewing Organizations

- Bay/Arenac Behavioral Health Authority
- Beacon
- Blue Cross Blue Shield of Michigan
- Carebridge
- Clinton- Eaton-Ingham Community Mental Health Authority
- Detroit Wayne Community Mental Health Authority
- Dickinson-Wright
- Great Lakes Health Information Exchange
- Health Care Section of Michigan Bar Association
- Ingenium
- Jackson Community Medical Record
- Kalamazoo Community Mental Health & Substance Abuse and Services
- Macomb County Community Mental Health Agency
- Michigan Department of Community Health
- Michigan Health & Hospital Association
- Michigan Health Connect

- Michigan Health Information Technology Commission
- MI-HIMSS
- Michigan Mental Health Diversion Council
- Michigan State Medical Society
- Netsmart
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- Southeast Michigan Health Information Exchange
- State of Michigan
- Summit Pointe
- The Standards Group/CIO forum
- Upper Peninsula Health Information Exchange
- Venture Behavioral Health
- Washtenaw Community Mental Health Authority



Next Steps

- We request comments from HIT Commissioners and any other interested parties to be sent to <u>privacy@mihin.org</u> by no later than Thursday, January 9, 2014
- We will survey priorities on the issues as we did with the Security White Paper
- We will update the draft Privacy White Paper to a final version for submission at the February or March HIT Commission meeting(s)





Questions



<u>Presenters</u>

Jeff Livesay
Associate Director
Michigan Health Information Shared Services
livesay@mihin.org

Brian R. Balow

Member
Dickinson-Wright, PLLC
bbalow@dickinson-wright.com





10/17/2013 **75**

HITC 2014 Planning Session

Chair and Meghan Vanderstelt



HITC 2014 Strategic Planning Discussion

Background...

HIT Commission Activities

- Conduit of Care 2006-HIE Strategic Plan
- America Recovery and Reinvestment Act (ARRA) /HITECH Funding
 - State HIE Cooperative Agreement Program
 - ONC Regional Extension Center (M-CEITA)
 - Medicaid State HIT Plan
 - ONC Beacon Program- SEMBC

The HIT Commission has provided crucial support for the adoption of HIT and HIE in Michigan over the past few years. As the Commission begins to plan for FY 2014, the Commission should consider the ongoing needs for Michigan's HIE ecosystem.

Mission

The Michigan Health Information Technology (HIT) Commission was created by PA 137-06 which defines why we are here.

The Commission's mission is to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in Michigan.

The HIT Commission is housed within the Michigan Department of Community Health and advises the Director on programs to achieve the mission.

Functions of HIT Commission

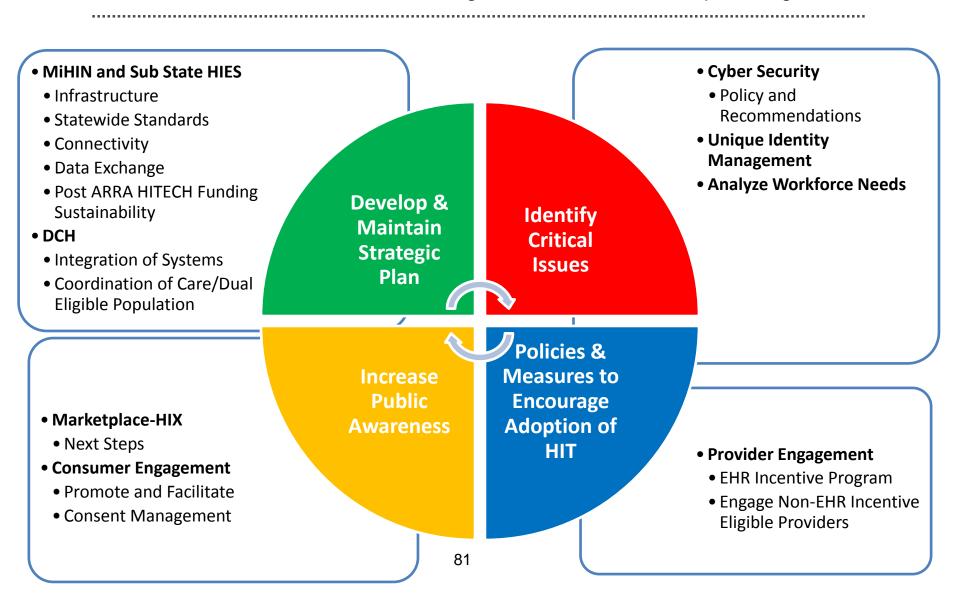
- •According to PA 137-06, the Commission shall do each of the following:
 - -Develop and maintain a strategic plan in accordance with subsection (2)**
 - -Identify critical technical, scientific, economic, and other **critical issues affecting the public and private adoption** of health information technology.
 - -Provide recommendations on policies and measures necessary to achieve widespread adoption of health information technology.
 - -Increase the public's understanding of health information technology.
 - Promote more efficient and effective communication among multiple health care providers
 - -Identify strategies to improve the ability to monitor community health status.
 - -Develop or design any other initiatives in furtherance of the commission's purpose.
 - –Annually, report and make recommendations to the chairpersons of the standing committees of the house of representatives and senate.
 - -Perform any and all other activities in furtherance of the above or as directed by the department or the department of information technology, or both.

**Subsection (2)

- •The development or adoption of health care information technology **standards** and **strategies**.
- •The ability to base medical decisions on the availability of information at the time and place of care.
- •The use of evidence-based medical care and measurable outcomes
- •Measures to protect the **privacy and security and prevent unauthorized access** of personal health information.
- •Methods and measures to **facilitate secure and accurate patient access** to health information.
- •Measures to **reduce health care costs** by addressing inefficiencies, redundancy in data capture and storage, medical errors, inappropriate care, incomplete information, and administrative, billing, and data collection costs.
- •The ability to **identify and incorporate priority areas** in which health information technology can provide benefits to consumers and a recommended timeline for implementation.

2013 HITC Themes

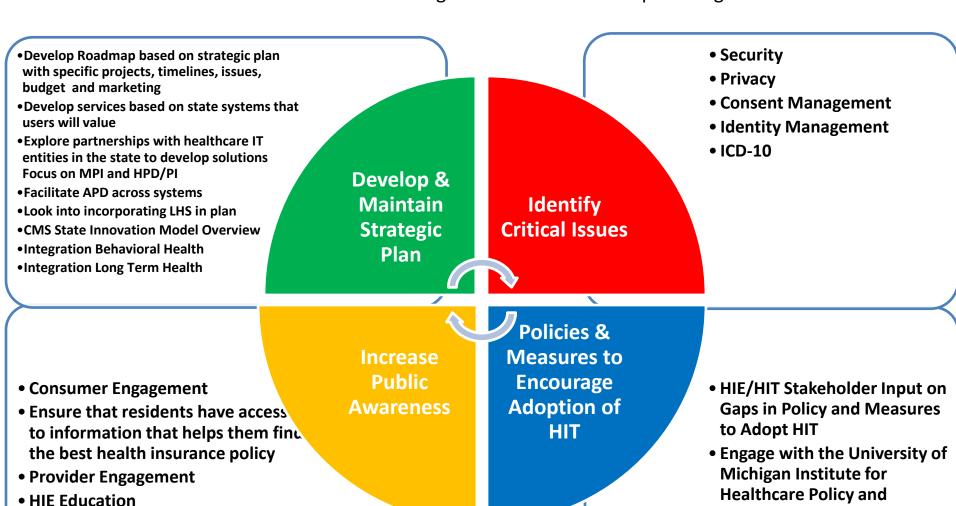
Objective: To recommend and advise the Michigan Department of Community Health on Policy decisions, business and technical needs, and general oversight for the following HIT activities essential to the State of Michigan HIT and HIE landscape during 2013.



DRAFT

2014 HITC Topics

Objective: To recommend and advise the Michigan Department of Community Health on Policy decisions, business and technical needs, and general oversight for the following HIT activities essential to the State of Michigan HIT and HIE landscape during 2014.



Innovation.

Q1--HITC Survey-2014 Business

Topics and Focus

What do you believe is the most relevant topic for each of the categories in the 2014 HITC Theme wheel?

- Work with the State to build a consensus on a HIE strategy.
- Encourage the integration of systems.
- Support the development of identity management, consumer engagement, and provider engagement services.
- Develop and maintain the strategic plan.
- Support the development of a sustainability model.
- Develop services based on state systems that users will value.
- Explore partnerships with healthcare IT entities to deliver through state systems.
- Continue to review and address security and reliability needs.
- Engage with the University of Michigan Institute for Healthcare Policy and Innovation.

Q1--HITC Survey-2014 Business

Topics and Focus

What do you believe is the most relevant topic for each of the categories in the 2014 HITC Theme wheel?

- Facilitate outreach through consumer engagement.
- Ensure that residents have access to information that helps them find the best health insurance policy.
- Align State of Michigan efforts on HIT with larger health systems, including connectivity and strategy.
- Manage the pace of change for the industry as EHR regulatory and reporting requirements increase.
- Increase adoption of HIT.
- Acknowledge and promote best practices.
- Market the state's security activities.
- Engage the Governor and other state/national leaders.

Q2---HITC Survey-2014 Business

Action

With consideration to the area you represent, what actions does the HIT Commission need to take in CY 2014 to fulfill the Commission's main objectives (develop and maintain strategic plan, identify critical issues, provide recommendations on policies and measures to encourage HIT, and increase public awareness)?

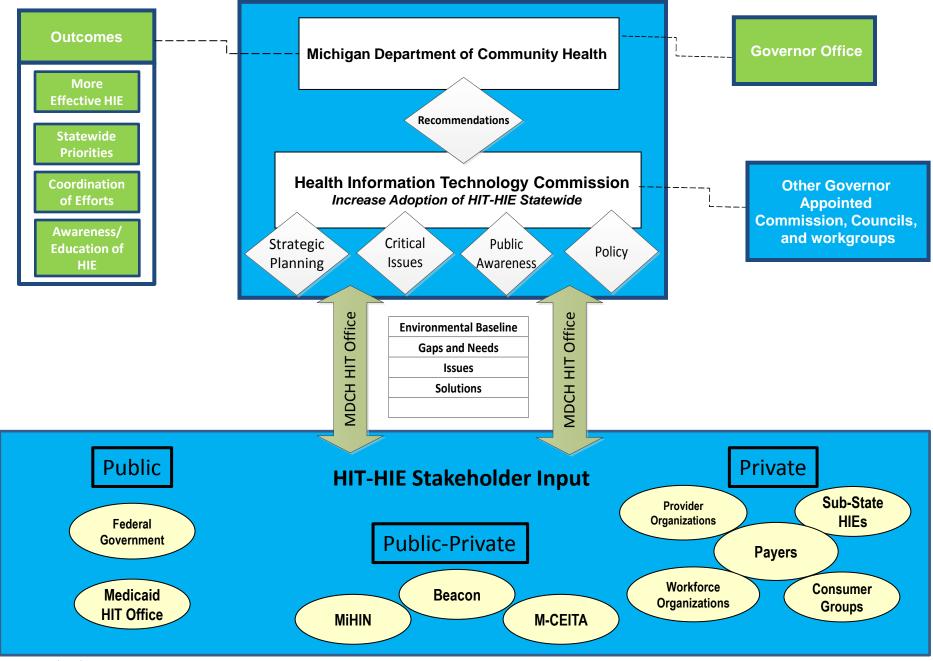
- Continue with current initiatives and engage in planning efforts with MiHIN.
- Create master patient and provider indexes.
- Facilitate sharing of ADT information across systems and nodes.
- Develop a strategic plan with specific projects and timeframes.
- Support initiatives that support the well-being of the Michigan workforce through HIT.
- Support the engagement of workers and their families in care planning and care coordination through HIE.

Q2---HITC Survey-2014 Business

Action

With consideration to the area you represent, what actions does the HIT Commission need to take in CY 2014 to fulfill the Commission's main objectives (develop and maintain strategic plan, identify critical issues, provide recommendations on policies and measures to encourage HIT, and increase public awareness)?

- Support the incorporation of behavioral health services into HIE.
- Provide employers with information about options for coverage for employees through the healthcare exchange.
- Clarify how the commission will measure success for each of the main objectives and supporting initiatives.
- Understand the pace of technology change forced upon clinical providers.
- Support and assist adaption to increasing regulatory requirements, audit review, and pending changes to the coding industry as the system moves to ICD-10.



Q3--HITC Survey-2014 Business

Long-Term Goals of HITC

What key elements should be included in the HIT Commission's five year strategy for HIT and HIE in Michigan?

- Strategy and vision
- Missions, goals, and a roadmap
- Sustainable funding model
- Estimated budget
- Coordination and balance between the State, providers, vendors, etc.
- The Learning Health System
- Master Patient Index
- Master Provider Index

Q3--HITC Survey-2014 Business

Long-Term Goals of HITC

What key elements should be included in the HIT Commission's five year strategy for HIT and HIE in Michigan?

- On the ground change for patient care through HIE
- Continued support for HIT innovation, including engagement with HIT start-ups and University Tech-Transfer programs
- Support for programs to train HIT professionals
- Alignment with ONC's 5 year strategy
- Annually revisiting the supporting initiatives for each of the HIT
 Commission's main objectives and considering if they are still consistent
 with those objectives or similar to other initiatives already underway
- Alignment of the state's HIE strategy with the direction of large health systems

Q4--HITC Survey-2014 Business

HITC Logistics

Do you have any suggestions on changes to the meeting format? What background information would be helpful to prepare for the meetings?

- Change the meeting time from noon to 3 pm.
- Add an occasional pertinent national article on HIE.
- Create more opportunities to have Q & A sessions with representatives from the regions and MiHIN
- Shorten the meetings to 2 hours as well as the agenda and presentations
- Provide more opportunities to complete pre-meeting work like surveys.

Q4--HITC Survey-2014 Business

HITC Logistics

Do you have any suggestions on changes to the meeting format? What background information would be helpful to prepare for the meetings?

- Ensure topics include actions for the HIE Commission to take and highlight specific assignments for the commission
- Provide meeting minutes for review within one week of the meeting
- Consider if the new meeting room format facilitates discussion with attendees
- Include more material on the state's strategic path and innovative learning

Q5--HITC Survey-2014 Business

Ideas

Are there any other specific areas of interest that you would like the Commission to address in 2014?

- Learning Health Systems
- Roadmap with milestones and budget items
- Security
- Education and training for the HIT Commission and stakeholders
- Preparing for the volume of change in the healthcare industry

10/17/2013

HITC Next Steps Chair



10/17/2013

Public Comment



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Adjourn

